



CITY OF CLEVELAND  
Mayor Frank G. Jackson

## OUTDOOR RESTAURANT APPLICATION

CITY OF CLEVELAND  
DEPARTMENT OF FINANCE  
Division of Assessments & Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114



Cleveland Department of Public Health  
75 Erieview Plaza, Cleveland, Ohio 44114-2080

Phone: 216.664.2260

Hours of Operation: 8am to 5pm Weekdays

DALPermits@city.cleveland.oh.us

### FEE \$50.00

To be included with application (cash, check, or credit card). Application and supporting documentation accepted via mail, email or in-person to the Division of Assessments and Licenses, Cleveland City Hall, Room 122. Applications will be accepted in person Monday-Friday, 8:00 am – 4:00 pm. Electronic application submissions should be sent to:  
DALPermits@city.cleveland.oh.us.

### What you need to submit an application

1. Complete and sign application
2. Include a **new** sketch of the premises no larger than 8½ x 11 showing what outdoor areas are proposed to be used for the serving of food and beverages
3. Complete Automatic Payment Authorization form
  - This form is **only required** for electronic application submissions
  - This form cannot be accepted via electronic submission and **must** be faxed to (216) 420-7804

## SECTION A - BUSINESS INFORMATION

Individual or Corporation Name

Trade Name

Address

City

ST

Zip

Telephone

Email

Federal ID or Social Security Number

Ward #

Food Service License Number

Expiration

Mailing Address

City

ST

Zip

Proposed Location of Tables and Chairs

## SECTION B - APPLICANT INFORMATION

Name

Address

City

ST

Zip

Telephone

Email

Date of Birth

Place of Birth

Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §241.21 (Licensing Procedure and Fee) and §241.99 (Penalty) and understands the obligations of an Outdoor Restaurant contained therein.

SIGNATURE OF APPLICANT



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### FOR OFFICE USE ONLY

Please review this application and approve or disapprove in the space allotted. Return to the City of Cleveland, Division of Assessments and Licenses, Room 122, within ten (10) days.

	SIGNATURE	APPROVED	DENIED	DATE
HEALTH INSPECTOR				
If denied, please state reasons				

	SIGNATURE	APPROVED	DENIED	DATE
DIRECTOR OF HEALTH				
If denied, please state reasons				

A & L PERMIT NUMBER	DATE
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